Book Reviews

NINTH ANNUAL REPORT OF THE BOARD OF MANAGERS OF THE CRAIG COLONY FOR EPILEPTICS.

THE yearly report of the Craig Colony, by its Medical Superintendent, Dr. William P. Spratling, have always been characterized by original data the value of which in the colonization of epileptics can hardly be overestimated. The present report, the ninth, is no exception to the rule, and presents an excellent summary of new facts not heretofore in evidence.

The past year's work has proven very satisfactory in that the Colony has discharged more patients as improved than in any previous year, while the death rate has been but 4 1-3 per cent.; some phase of epilepsy was the cause of death in 14 of the 33 cases. 182 patients were admitted for the year, 116 men and 66 women; the census, October 1, 1902, the close of the fiscal year, was 826. During the year 27 men and 11 women were discharged improved; 8 men and 3 women unimproved; while 12 were sent to state hospitals for the insane. A more careful selection resulted in a better class of cases being admitted for the year.

The desirability of a closer control of some patients who should remain at the Colony, but are not so inclined, is strongly advised as well as the necessity of all the houses for the colonists to be made thoroughly homelike in architecture and furnishing. The whole life should be simple and systematic; as strenuous life is not intended for the epileptic. A case illustrating the apparent direct transmission of the disease is graphically portrayed and the urgency of some legal restriction to marriage in the epileptic class is advocated. The futility and quackery of nerve nostrums is thoroughly discussed. The Colony is desirous to obtain samples of such preparations for analysis. The preponderating influence of heredity is given great prominence in the etiology of the disease; a combined heredity such as alcoholism, tuberculosis, epilepsy and insanity was proven definitely in 48 per cent. Provisions for the isolation of the tubercular and those suffering from the communicable diseases are asked for. The Craig Colony prize was given this year to Dr. Julius Donath for a paper upon "Cholin in Epilepsy and Its Significance in the Production of Convulsive Attacks." The educational, industrial and agricultural features of the Colony are excellently described and illustrated.

A special appropriation of $150,000 is asked for another year to provide accommodations for a large waiting list. The report is accompanied by a complete table of contents and an index. One happily misses the presence of dry-as-dust and meaningless statistics endlessly reiterated in so many annual reports of institutions. We are informed, however, that scientific data bearing on the nature and causation of epilepsy are kept in the medical records of the Colony, and may be obtained for study on application by those interested. The report in its entirety will be of great interest to both lay and professional readers who wish to learn of the progress of work in this wide field of modern philanthropy. The report is an example of what institutional reports should be. L. PIERCE CLARK.

ARBEITEN AUS DEM NEUROLOGISCHEN INSTITUTE AN DER WIENER UNIVERSITÄT. Herausgegeben von Prof. Dr. HEINRICH OBERSTEINER. IX Heft. Franz Deuticke, Leipzig und Wien.

In the past several volumes of Prof. Obersteiner's "Arbeiten" have been reviewed by the present writer, and occasion has been taken to speak in terms of praise of the work done in this institute. The latest volume is quite as commendable as any that has preceded it. It is composed of papers that are purely anatomical, or of papers that are clinico-anatomical. If less attention is paid to the former in this review, it is because papers of this character interest a smaller circle of readers, and also are difficult to describe in the space allotted to a review.

The ninth volume begins with two anatomical papers; the first is a study of the brain-stem of the *Delphinus delphis*, by R. Hatschek and H. Schlesinger, and the second a study of a brain from an Australian negro, by J. P. Karplus. The first paper represents a remarkably painstaking and time-consuming investigation.

O. P. Gerber and R. Matzenauer have studied a very interesting case in which leprosy and syringomeyelia were present in the same person, and it seems to be the first case of the kind on record. They do not jump to conclusions, and are cautious in what they have to say regarding the relation of the two diseases. Lepra bacilli were found in a piece of skin excised during the life of the patient, but none were found after his death in the peripheral nerves or spinal cord. These authors recognize that the absence of bacilli, or of histological changes in the nervous tissues, does not show convincingly that the leprosy had no causal relation to the syringomyelia, and further they mention that the very advanced age of the patient, over eighty, suggested an unusual cause for the syringomyelia. They, however, incline to the view that two diseases without intimate connection occurred in the same person, but they prefer to wait until other cases are reported in which a causal relation is more clearly shown before they give a positive decision regarding their own case. They also discuss the one-time important question of the relation of Morvan's disease to syringomyelia.

K. Tsiminakis describes a case of hypertrophy of the brain in a child eight years old. The brain without fluid in the ventricles weighed 1920 grammes. The hypertrophy affected all parts, and was not caused merely by proliferation of the neuroglia. It was a congenital condition. Chronic meningitis also was found.

R. Breuer and O. Marburg report two cases of apoplectiform bulbar paralysis, and then attempt to explain the symptoms observed in their two cases by the lesions found. and by a comparison with other cases in the literature. Disturbance of sensation in the face is attributed to degeneration of the spinal root of the trigeminus. They show that a slight degeneration of bulbar nuclei may exist without causing symptoms, and that paralysis of the soft palate, often bilateral with a predominance of the paralysis on the side of the lesion, is the result of implication of the middle or more cerebral portion of the nucleus ambiguus or its fibers, and that the facialis is scarcely concerned in this paralysis at all. The bilaterality is explained by partial decussation of fibers. From the study of a case the reviewer has recently made, he can support this opinion to the extent that the facialis is by no means the chief nerve to the soft palate. Breuer and Marburg conclude that deglutition and the motor innervation of the larynx depend on the integrity of the nucleus ambiguus and its fibers. The ptosis of one eyelid in association with myosis and retraction of the eyeball in their two cases is explained as sympathetic ophthalmoplegia, and they are led into a study of this condition, with the conclusion that sympathetic fibers pass through the internal capsule, decussate in the pons, and descend through the medulla oblongata to the spinal cord. A lesion of these fibers causes sympathetic ophthalmoplegia; on the opposite side if the lesion is at or above the optic thalamus; on the same side if the lesion is in the pons or medulla oblongata. A comparison of the cases of apoplectiform bulbar paralysis with one another shows that the most common symptom is contralateral dissociation of sensation with paralysis of deglutition and often aphonia or paralysis of the soft palate, and sympathetic ophthalmoplegia occurs only when the lesion is in the dorso-medial portion of the substantia reticularis lateralis.

In the paper by J. Tarasewitsch a study of the degeneration caused by a lesion of the optic thalamus and lenticular nucleus is presented. The direct ventrolateral pyramidal tract, first described by the reviewer, Tarasewitsch suggests may be merely the direct pyramidal tract in an abnormal position. This is improbable even though in his case the direct pyramidal tract was intact. In Tarasewitsch's case the lemniscus was relatively intact, but fornix fibers were much degenerated.

S. Kreuzfuchs has attempted in his paper to give the extent of the surface of the cerebellum.

R. Hatschek has a second anatomical paper in this volume; a comparative study of tegmental fibers and of the central trigeminus tract.

E. Zuckerkandl writes on the olfactory fibers of *Dasypus villosus.*

Acutely developing oculomotor palsy is not common, and the case reported by L. von Frankl-Hochwart is an important one. A man, who had had right-sided hemiplegia about nine months, observed suddenly while writing, a cloudiness before his right eye, and a half hour later he had diplopia, otherwise he was in good health. By evening of the same day he had right-sided ptosis. Death occurred twenty-eight days later. The nuclei of the oculomotor nerves appeared to be nearly normal. The oculomotor nerves were studied by the Marchi method, and the left was found to be normal, but acute interstitial neuritis was found in the right. An explanation for this peculiar finding is not offered, as there was no compression from an enlarged artery, and no meningitis, and signs and history of syphilis were wanting. The case shows very clearly that paralysis of the external ocular muscles may occur without paralysis of the internal ocular muscles when the lesion is neuritis and not in the nuclei of the oculomotor nerve.

By "symptom-complex of Benedikt" is understood hemiparesis with involuntary movement of the paretic side and crossed paralysis of the oculomotor nerve. In the paper by H. von Halban and M. Infeld the literature bearing on this subject is considered, and two cases, one with necropsy, are reported. The case with necropsy was as follows: A girl, aged fifteen years, fell on her head when she was ten months old, and became hemiplegic on the right side and had left-sided ophthalmoplegia. Later she had convulsions and hemichorea in the paralyzed limbs, and the right oculomotor and abducent nerves became paralyzed. She died from general tuberculosis. A calcified tubercle, having destroyed the nucleus ruber, was found in the left tegmentum. The trauma may have aided in the development of the tuberculosis. The lesions found did not fully explain the symptoms.

M. Schacherl describes the anatomy of the spinal cord of the *Myliobatis aquila.*

Prof. Obersteiner brings the volume to a close with an interesting anatomical paper. In a brain examined and described by him the lower olives to the naked eye, apparently, were absent. The clinical history could not be obtained. Microscopical examination showed that the pyramidal fibers extended on the outer side of each olive to the sulcus postolivaris. Obersteiner thinks that displacement of pyramidal fibers is not very uncommon, and he gives illustrations of variations in the position of these fibers in man and lower animals; in his opinion variations in these tracts are more common than in any other tracts.

Spiller.